



**SATURDAY FUN DAY
RESPITE PROGRAM
APPLICATION**

Please indicate area/program of choice:

- Kingwood/Humble
- Central
- Cy-Fair

**PLEASE PRINT LEGIBLY &
ANSWER ALL QUESTIONS**

Attach Recent Picture If Available

Name _____

____/____/____

DOB _____

Male _____ Female _____ Age _____

_____ (____) _____

Address _____ City & ZIP _____ Home Phone _____

_____ (____) _____ (____) _____

Parent/Guardian Name(s) _____ Mobile Phone _____ Work Phone _____

School presently attending: _____ E-Mail Address _____

IDENTIFYING INFORMATION

Age: _____ Weight: _____ Height: _____ Hair color: _____ Eye color _____

Diagnosis: _____

PERSONAL HISTORY

SELF CARE: Needs help with _____

EATING: Does individual need assistance in cutting food/meat? Yes _____ No _____
Does individual have difficulty swallowing? Yes _____ No _____

DIET: Regular: ___ Low Salt: ___ Low Calorie: ___
Special diet: _____
List food problems or allergies: _____

HEARING: Normal: ___ Mild Loss: ___ Mod. Loss: ___ Sev. Loss: ___ Total: ___

VISION: Normal: ___ Limited: ___ Blind: ___ Uses glasses or contact lenses: ___

SPEECH: Normal: ___ Mildly Affected: ___ Mod. Affected: ___
Sev. Affected: ___ Few Words: ___ Nonverbal: ___

COMMUNICATION: Normal: ___ Sign Language: ___ Communication Board: ___
Gestures: ___ Other: _____
If a communication board is used, instructions must be attached.
If a nonstandard communication is used, please attach detailed description.

MOBILITY: Walks alone: ___ Needs assistance: ___ Walks using walker, braces, or
crutches: ___ Uses a wheelchair: ___ manual/electric
Please explain _____

ADAPTIVE DEVICES: None: ___ Braces: ___ Wheelchair: ___ Prothesis: ___ Helmet: ___
Glasses: ___ Hearing Aid: ___ Shunts: ___
Other: _____

TOILETING: Is individual toilet trained? Yes ___ No ___
Does individual wear training pants? Yes ___ No ___
Does individual wear diapers? Yes ___ No ___
Individual needs to be taken to the bathroom every ___ hours.
Other information: _____

Please state problems with **personal care** staff should know about: _____

Does the applicant have any phobias/fears? Yes ___ No ___ If yes, please list: _____
Please explain desired approach if individual encounters a known fear: _____

Is there any activity in which the individual cannot participate? Yes ___ No ___ If yes, explain:

Does individual wander? Yes ___ No ___ If yes, please explain: _____
Any other restrictions? _____

List individual's hobbies/interests: _____

BEHAVIOR: (see behavior policy)

What are the individual's behavior problems? _____

What triggers the above behaviors? _____

Include methods you have found effective for behavior management in the past: _____

*IF YOUR CHILD HAS A BEHAVIOR PLAN, PLEASE ATTACH A COPY

SEIZURES

Does your child have seizures? YES NO

Type? _____
The last one was _____
Usual frequency? _____
Usual duration of seizures? _____
Triggered by? _____

ALLERGIES

Does your child have allergies?

To Food? _____
Drugs? _____
Other? _____

EMERGENCY INFORMATION

Physician's Name: # _____ Telephone #: _____
Medical Insurance Policy: _____ Insurance ID Number: _____
Blood Type: _____

MEDICATIONS:

Staff will be supervising each individual in taking his/her medication.

Complete the following about each medication the individual takes regularly:

Medication: _____ Dosage (mg, ml, etc.): _____
Purpose for medication: _____ Times: _____
Route (topical, by mouth, etc.): _____
Adverse side effects you've observed: _____

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Purpose for medication: _____ Times: _____
Route (topical, by mouth, etc.): _____
Adverse side effects you've observed: _____

The Arc of Greater Houston Policy on AGGRESSIVE BEHAVIORS

The Arc of Greater Houston reserves the right to refuse services to any individual who displays disruptive and/or aggressive behavior. Disruptive and/or aggressive behaviors include, but are not limited to; endangering one’s self or others, (i.e. self-abuse, hitting, biting, kicking, physically or verbally threatening the staff or other participants). If this type of behavior occurs, the individual will be asked to leave the activity immediately. The determination of such behavior is at the discretion of The Arc of Greater Houston staff. This policy is necessary to ensure the well-being and safety of The Arc of Greater Houston program participants and staff.

I understand the policy as stated above. Furthermore, if I have any questions or concerns, I understand that it is my responsibility to discuss these with The Arc of Greater Houston staff before I sign this policy. I understand that as the parent/legal guardian it is my responsibility to pick up my child/consumer immediately should this situation arise. I understand that this must be done as quickly as possible, after such notification. I understand that if I refuse to pick up my child/consumer within a reasonable amount of time (as determined by The Arc of Greater Houston), my actions will be considered abandonment, and The Arc of Greater Houston will report the situation to Child Protective Services, Adult Protective Services, and/or the local police department.

Name of child/participant (PLEASE PRINT)

Name of Parent/Legal Guardian (PLEASE PRINT)

Signature of Parent/Legal Guardian

Date

PARENTS, PLEASE READ THE FOLLOWING CAREFULLY:
(Please initial)

_____ I realize that acceptance of my child in this program is dependent upon his/her ability to conform to program rules and regulations. In the event that my child cannot perform in accordance with such rules, he/she may be terminated from the program.

_____ I have been informed that pick up for Saturday Fun Day is 4:00 p.m (Kingwood location only) & 3:30pm (Central and Cy-Fair). I understand that I am responsible for the prompt pick up and transportation of my child. Furthermore, I understand that if I am late, I am financially responsible for a late fee of \$15.00 for every 15 minutes.

_____ I understand that in case of emergency or aggressive and disruptive behavior, I am responsible for the immediate pick up and transportation of my child. I also understand that it is my responsibility to provide the Saturday Fun Day staff with a valid and current way to contact me from 10:00 a.m. - 4:00 p.m. (Kingwood location only) / 10:00a.m. – 3:30 p.m. (Central and Cy-Fair)

_____ I hereby give permission to The Arc, and any cooperating agency to provide transportation for special activities, or any emergencies.

_____ I hereby release The Arc and any cooperating agency, their officers, members and assigns, and their staff and staff assigns from any liability or responsibility other than exercising ordinary care in the mental or physical condition of my child.

_____ I hereby give permission for the release of any publicity, pictures, films, or tapes by the program, The Arc or any cooperating agency, which would assist in promoting and providing services for children with mental retardation and other developmental disabilities.

_____ I have received a copy of The Arc policies concerning fees, refunds, late arrivals and late pick-ups, absences, aggressive behaviors, scholarships, and withholding of activities.

***Please keep for your records.**

The Arc of Greater Houston Saturday Fun Day Respite Program Policies

Late Arrival and Pick-Up

Programs offered by The Arc have a start and an ending time; therefore, it is important that participants be on time. At the end of the program, if participants are not picked up promptly, the family will be charged a late fee of \$15.00 for every 15 minutes. This must be paid before participant may attend any future activities.

Refunds

It is the policy of The Arc of Greater Houston that the total program charge will be due at registration. If a participant cancels in a timely manner, a portion of the charge may be refunded. In most cases, this will be 50% of the charge (exceptions will be made known). If The Arc makes a determination that it cannot serve a participant, a full refund will be granted for all services paid for, but not yet rendered.

Absences

In many cases, funding for programs is based on attendance; therefore, parents are urged to keep absences to a minimum. When a participant is to be absent for any reason, the participant or parent/guardian is required to give the Director or Assistant Director of Programs as much notice as possible. It may be possible to reduce staff somewhat, and keep costs down.

Withholding an Activity

In rare cases, as a means of redirecting inappropriate behavior and after other methods have been exhausted, the Assistant Director of Programs may withhold an activity (up to one day) from a participant.

When an entire program is withheld:

The program supervisor will immediately notify (by telephone) The Arc of Greater Houston's Assistant Director of Programs and the parent/guardian of the participant. The program supervisor will submit a written report to The Arc of Greater Houston's Assistant Director of Programs within five days describing the inappropriate behaviors and the corrective measures taken. If the parent/guardian disagrees with the decision to withhold an activity, he/she may contact the Assistant Director of Programs at (713) 957-1600 or in writing to P.O. Box 924168 Houston, TX 77292-4186. The Assistant Director of Programs will work with the parent/guardian and the program supervisor in an attempt to resolve the problem.

Scholarships

Limited scholarships will be available. In order to be eligible for a scholarship the participant and/or the parent/guardian must fill out a scholarship application and be a member of the Arc of Greater Houston.